RECEIVED
CENTRAL FAX CENTER

MAR 0 9-2004

OFFICIAL

Facsimile Transmission LAW OFFICES

DENNISON, SCHULTZ, DOUGHERTY & MACDONALD

Suite 105 1727 KING STREET ALEXANDRIA, VIRGINIA 22314 U.S.A.

FAX: (703)837-0980

TELEPHONE: (703)837-9600

DATE: 3/9/04

Ref:

TO: PTO

FROM: DENNISON et al.

TOTAL PAGES INCLUDING THIS PAGE: 40

MESSAGE:

PLEASE FIND (39) CHANGE OF COPPESS.
ADDRESS FORMS TO FOLLOW THIS PAGE.

Thank you

The information contained in this facsimile message is information protected by the attorney-client privilege and/or the attorney work product privilege. It is intended only for the use of the individual or firm named above and the privileges are not waived by virtue of this document having been transmitted by facsimile. If the actual recipient or any other reader is not the named recipient, any use, dissemination, distribution or copying of the communication is strictly prohibited. If you have received this tacsimile in error, it would be greatly appreciated if you would notify us immediately by collect telephone and return the original to us at the above address via United States Postal Service.

Fax (703)872-9306

CHANGE OF 10/717,584 Serial No: 11/21/2003 CORRESPONDENCE ADDRESS Filing Date: KANEKO First Named Inventor: Application 1742 Group Art Unit: Commissioner of Patents Examiner: PO Box 1450 03200 Alexandria, VA 22314-1450 Attorney Docket No:

			11				
Please change the Correspondence Address for the above identified patent application to:							
\boxtimes	Customer Numb	er: 23338			•		
OR:							
]	irm or Individual Name		<u>.</u>		·		
Address							
	<u> </u>		Stat	e	Zip		
City	-						
Coun				Fax			
Telep			•			. "	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change (PTO/SB/124).							
I am the:		, e di					
	Applicant/Inventor						
Assignee of Record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).							
×							
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number							
Typed or Printed Name Ira J. Schultz							
Signature (703)837-9600 cxt 23							
Date		MAR - 9 2004	Telephone (703)83				
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.							
Subi	in manapic forms if more	<u> </u>					
	*Total of forms a	are submitted.					

Fax to: (703)872-9306

1, 1, 1

....